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Bib Data Sheet

CONFIRMATION NO. 3615

SERIAL NUMBER 10/802,289	FILING DATE 03/17/2004 RULE	CLASS 005	GROUP ART UNIT 3673	ATTORNEY DOCKET NO. 7175-74605
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APPLICANTS

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** CONTINUING DATA *****

This appln claims benefit of 60/455,621 03/18/2003
 and claims benefit of 60/510,756 10/13/2003

O.K. RS

** FOREIGN APPLICATIONS *****

none RS

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 06/03/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	IN	8	29	6
Verified and Acknowledged	<i>Robert L. Martin R.G.S.</i> Examiner's Signature Initials				

ADDRESS

23643
 BARNES & THORNBURG
 11 SOUTH MERIDIAN
 INDIANAPOLIS, IN
 46204

TITLE

Patient care equipment management system

FILING FEE	FEES: Authority has been given in Paper	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of
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